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CONFIRMATION NO. 6370

<b>SERIAL NUMBER</b> 10/686,219	<b>FILING OR 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> AB-329U
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/419,684 10/18/2002 *OK Pat 6/12/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none Pat 6/12/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Man Oden Pat</i> Examiner's Signature Initials				

## ADDRESS

23845

## TITLE

Switched-matrix output for multi-channel implantable stimulator

<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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